Department of Health & Social Care

From Ashley Dalton MP
Parliamentary Under-Secretary of State
for Public Health and Prevention

39 Victoria Street
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Your Ref: TF167501

PO-1569346

Tim Farron MP
By email to: farront@parliament.uk

11 March 2025

Dear Tim,

Thank you for your further correspondence of 17 January on behalf of your constituent Ms Anne McConway about COVID-19 and paxlovid. I apologise for the delay in replying.

I was sorry to read that my reply of 16 January (our ref: PO-1550570) did not fully resolve Ms McConway's query, and I appreciate her continuing concerns. I hope the following information provides further clarification.

As of 14 October, the World Health Organization (WHO) states that SARS-CoV-2, the virus responsible for COVID-19, primarily spreads between people who are in close contact with each other, such as within conversational distance. It states that transmission occurs when an infected person's mouth or nose release small liquid particles during activities such as coughing, sneezing, speaking, singing or breathing. These particles can be inhaled by others or land on their mucosal membranes, leading to infection.

The degree to which airborne transmission contributes to the overall spread of COVID-19 is a subject of ongoing research and discussion within the scientific community. Most of the evidence from these studies and observations strongly supports the notion that COVID-19 spreads through respiratory droplets and, to a lesser extent, fomites. However, airborne transmission via aerosols and other routes cannot be entirely ruled out, especially in poorly ventilated or crowded spaces.

The WHO also notes that SARS-CoV-2 and influenza viruses spread more easily in poorly ventilated and/or crowded indoor settings where people tend to spend longer periods of time. This is because infectious respiratory particles can remain suspended in the air or travel farther than conversational distance. More information can be found at www.who.int/news-room/questions-and-answers/item/coronavirus-disease-covid-19-similarities-and-differences-with-influenza.

While the terms 'droplets' and 'aerosols' are still prevalent in literature, the new terminology being suggested by the WHO can be found at www.who.int/publications/m/item/global-technical-consultation-report-on-proposed-terminology-for-pathogens-that-transmit-through-the-air. This will lead to changes in the terminology used. This is because the scientific community agreed that the use of these

terms to describe the sizes of liquid particles containing respiratory viruses is inaccurate as there is a continuum across a range of sizes.
In May 2022, the UK Health Security Agency (UKHSA) identified transmission is most likely when someone with COVID-19 breathes, speaks, coughs or sneezes. The UKHSA states that particles containing SARS-CoV-2 virus are released through the respiratory tract and can cause infection in another person when they are inhaled or meet the eyes, nose or mouth.

The UKHSA states that aerosol-generating procedures can result in the release of aerosols from the respiratory tract when these are performed in health and care settings. Transmission risk is highest near an infectious person, particularly within two metres. The number of infectious respiratory particles is greatest close to the nose and mouth. Being in poorly ventilated indoor spaces, particularly for an extended period, also increases the risk of becoming infected.

The agency emphasises the importance of good ventilation to reduce the risk of COVID-19 transmission. More information can be found at www.gov.uk/government/publications/covid-19-response-living-with-covid-19/covid-19-response-living-with-covid-19.
The UKHSA also recognises that the proposed change of terminology does not mandate any immediate updates to any extant guidance published by the agency. The UKHSA recommends that providers of health and care should always refer to the Health and Safety Executive guidance on respiratory protective equipment (RPE) when conducting local risk assessments.

The idea that COVID-19 is transmitted through the airborne route has been stated in scientific literature and public health documents, although the wording and emphasis vary depending on the source and its publication date. More information on the current UKHSA guidance can be found at www.gov.uk/government/publications/wuhan-novel-coronavirus-background-information/wuhan-novel-coronavirus-epidemiology-virology-and-clinical-features.

In April 2024, the WHO and partner public health agencies introduced updated terminology to describe how pathogens are transmitted through the air. It proposed the general descriptor 'through the air' for infectious diseases where the main mode of transmission involves the pathogen travelling or being suspended in the air. More information can be found at www.who.int/news/item/18-04-2024-leading-health-agencies-outline-updated-terminology-for-pathogens-that-transmit-through-the-air.

The National Institute for Health and Care Excellence (NICE) makes recommendations on whether all new licensed medicines, including medicines for COVID-19, should be routinely funded by the NHS based on an assessment of their costs and benefits. I would like to assure Ms McConway that NICE aims wherever possible to publish guidance on new medicines as soon as possible after licensing, to facilitate fast access to clinically and cost-effective medicines.

I was sorry to read of Ms McConway's difficulty in accessing Paxlovid. NICE issued a final draft guidance for Paxlovid on 11 January 2024 that expands eligibility to other higher risk groups, including people aged 70 and over, with a body mass index of 35 or more, diabetes or heart failure. This would bring the total number of people at risk of severe

COVID-19, and therefore eligible for Paxlovid, to 15 million, almost a quarter of England's population.

A phased implementation of NICE's recommendations on Paxlovid was agreed to allow more time for the NHS to put in place the capacity and infrastructure needed for full rollout to all eligible patients. Prescribers, including GPs, are currently able to prescribe Paxlovid to NHS patients at highest risk of severe COVID-19 in line with NICE's guidance.

I hope this reply is helpful.

Yours sincerely,

ASHLEY DALTON